



PERMIT APPLICATION

ALL APPLICABLE INFORMATION **MUST** BE COMPLETED IN
ORDER FOR THE APPLICATION TO BE ACCEPTED

City of Sedona

104 Roadrunner Drive Sedona, AZ 86336
(928) 282-1154 or Fax (928) 204-7124

Permit # _____

Deposit \$ _____

Date Rec'd _____ By _____

Use Code _____

Census Code _____

PROPERTY INFORMATION

Permit Type _____

Approximate Cost _____ Assessor Parcel No. _____

Construction Address _____

Lot No. _____ Subdivision _____

Suite No. _____ Building Name (if applicable) _____

Business Name (if applicable) _____

OWNER INFORMATION

Owner or Tenant Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____ Cell No. _____

Residential Square Footage

New Residential Area

Garage _____

Deck _____

Covered Patio _____

Shed _____

Unfinished Basement _____

Residential Existing

Residential Addition

Residential Remodel

CONTRACTOR

Contractor _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ License No. _____

Fax No. _____ Tax Identification No. _____

Cell No. _____

ARCHITECT/DESIGNER/AGENT

Architect / Designer/Agent _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

Commercial Square Footage

New Commercial Area

Deck _____

Covered Patio _____

Accessory Building _____

Existing Commercial

Commercial Addition

Commercial Remodel

BUILDING DETAILS

Building Footprint _____

Bldg Area Demolished _____

Number of Stories _____

Dwelling Units _____ Lodging Units _____

PRINT NAME _____

APPLICANT SIGNATURE _____
Owner/Agent/Contractor/Architect/Designer (Please Circle One)

DATE _____